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FAX TRANSMISSION

DATE: July 17, 2008

PTO IDENTIFIER: Application Number 10/006,593
Patent Number

Inventor: Bowdish et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: ROPES & GRAY LLP
Jennifer K. Holmes, Ph.D., J.D.

PHONE: (617) 951-7933

Attorney Dkt. #: ALEX-P01-054

PAGES (Including Cover Sheet): 19

CONTENTS: Fee Transmittal (1 page) w/ copy
Terminal Disclaimer (1 page)
Amendment & Response to Final Office Action (14 pages)
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ROPES & GRAY LLP
One International Place, Boston, Massachusetts 02110
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002/019

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PTO/SB/97 (08-04)

Approved for use through 07/31/2006. OMB 0651-0031

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Application No. (if known): 10/006,593

Attorney Docket No.: ALEX-P01-054

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Fee Transmittal (1 page) w/ copy

Terminal Disclaimer by Applicant Attorney (1 page)

Amendment & Response to Final Office Action (14 pages)

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PTO/SB/17 (10-07)

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Effective on 12/08/2004.
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 65.00)

Complete if Known

Application Number	10/006,593
Filing Date	December 5, 2001
First Named Inventor	Katherine S. Bowdish
Examiner Name	Anne Gussow
Art Unit	1643
Attorney Docket No.	ALEX-P01-054

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP

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fee(s) under 37 CFR 1.16 and 1.17

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity	
Fee (\$)	Fee (\$)
50	25
210	105
370	185

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-	-	x	=

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
-	-	x	=

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2014 Statutory Disclaimer

65.00

SUBMITTED BY

Signature	Jennifer K. Holmes, Ph.D., J.D.	Registration No. (Attorney/Agent)	46,778	Telephone	(617) 951-7933
Name (Print/Type)				Date	July 17, 2008

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